

Pediatrics at [REDACTED]  
Doctor Address [REDACTED]  
3

432 T3 P1

MRN: 3014400

Baby L.



Dear Baby L.:

We look forward to seeing Baby L.. Please note the following information about his/her appointment at the Pediatrics at [REDACTED]

APPOINTMENT WITH: Doctor

APPOINTMENT DATE/TIME: Thursday Feb 27 2020 at 3:00 PM

APPOINTMENT LOCATION:

Doctor Address

REGISTER AT: Clinic

PATIENT INSTRUCTIONS: Please arrive 15 minutes early to complete all paperwork.

APPOINTMENT CHANGES: If you need to cancel or reschedule an appointment call Doctor Phone # or if outside the area, Doctor Phone # Appointment changes should be made at least 72 hours in advance.

PLEASE BRING the following as they apply to your appointment, unless otherwise requested:

- All medications, in their original containers, that you are currently taking
- Medical records from non-[REDACTED] referring physicians if you are a new patient
- Radiology films (X-rays, MRIs, CTs) and lab results from outside facilities
- Insurance and prescription cards
- Any forms to be completed for work, school, insurance or sports

FINANCIAL INFORMATION: Please contact your primary care physician regarding any required referral in advance of your appointment. Copays or payments for services not covered by insurance are due at the time for your visit. We accept cash, check or credit card. For questions about referral, authorization or your insurance copay policy, please call the number on your insurance card.

PATIENT PARKING: Patient parking is free at all of our clinics. If you are parking in a Medical Center parking garage, please bring your parking pass to Patient Registration for validation.

IF YOU NEED housing or lodging information, please call Patient and Guest Services at Doctor Phone # For sign or foreign language assistance, contact our clinic at Doctor Phone #

ACCESS YOUR MEDICAL RECORD through MyChart® at [REDACTED].a.com.

MAPS AND DIRECTIONS are on the back of this letter and can also be found at [REDACTED].com/locations.

We are pleased to be of service and encourage you to follow these guidelines when you come for your appointment. Thank you for choosing [REDACTED] Health System as your healthcare provider.